

## Supplemental Application Data Sheet

### Application Information

Application number::	10/523,459
Filing Date::	01/31/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	CAMPYLOBACTER GLYCANS AND GLYCOPEPTIDES
Attorney Docket Number::	025786-000100US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Noel  
Middle Name:: M.  
Family Name:: YOUNG  
Name Suffix::  
City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: Canada  
Street of Mailing Address:: 51 East Park Drive  
City of Mailing Address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K1B 3Z6

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Jean-Robert  
Middle Name::  
Family Name:: BRISSON  
Name Suffix::  
City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: CANADA  
Street of Mailing Address:: 14 Simcoe Street  
City of Mailing Address:: Ottawa

State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K1S 1A2

#### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: Francis  
Family Name:: KELLY  
Name Suffix::  
City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: CANADA  
Street of Mailing Address:: 1106 Dunning Road, P.O. Box 64  
City of Mailing Address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K4C 1E5

#### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: C.  
Family Name:: WATSON  
Name Suffix::

City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: CANADA  
Street of Mailing Address:: 65 Melrose Avenue  
City of Mailing Address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K1Y 1T8

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA  
Status:: Full Capacity  
Given Name:: Harold  
Middle Name:: C.  
Family Name:: JARRELL  
Name Suffix::  
City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: CANADA  
Street of Mailing Address:: 1340 Georges Vanier Drive  
City of Mailing Address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K4C 1R6

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: CA

Status:: Full Capacity  
Given Name:: Christine  
Middle Name:: M.  
Family Name:: SZYMANSKI  
Name Suffix::  
City of Residence:: Ottawa  
State or Province of Residence:: Ontario  
Country of Residence:: CANADA  
Street of Mailing Address:: 6573 Tooney Drive  
City of Mailing Address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K1C 6G3

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application <u>PCT/CA2003/001156</u>	National stage of <u>An Application claiming the</u> <u>benefit under 35 USC</u> <u>119(e)</u>	PCT/CA2003/001156 <u>60/399,735</u>	July 30, 2003 <u>August 1, 2002</u>

#### **Foreign Priority Information**

Country:: Application number:: Filing Date::

#### **Assignee Information**

Assignee Name:: NATIONAL RESEARCH COUNCIL OF CANADA

Street of mailing address:: Montreal Road, Bldg. M58, Room EG12  
City of mailing address:: Ottawa  
State or Province of mailing address:: Ontario  
Country of mailing address:: CANADA  
Postal or Zip Code of mailing address:: K1A 0R6